

RECEIVED
CENTRAL FAX CENTER

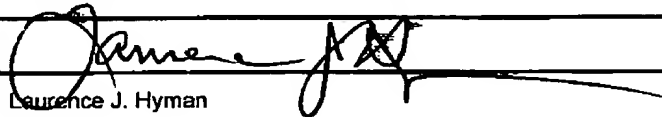
001/008

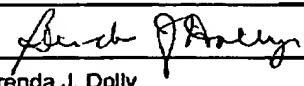
MAR 02 2006

PTO/SB/21 (09-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/684,599	
	Filing Date	October 5, 2000	
	First Named Inventor	Pastan, Ira et al.	
	Art Unit	1642	
	Examiner Name	Ungar, Susan	
Total Number of Pages in This Submission	8	Attorney Docket Number	015280-259120US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Laurence J. Hyman		
Date	March 2, 2006	Reg. No.	35,551

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Central Fax Box 1000, 1000 and to Examiner Ungar, Fax No. 415 576 0300 on March 2, 2006.			
Signature			
Typed or printed name	Brenda J. Dolly	Date	Mar. 2, 2006

60715944 v1

BEST AVAILABLE COPY

MAR 02 2006

I hereby certify that this correspondence is being facsimile transmitted
to the following numbers:

- 1) Central Fax No.: (571) 273-8300 and
 - 2) Examiner Ungar at Fax No.: (571) 273-0837
- at:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On

Mar. 2, 2006

TOWNSEND and TOWNSEND and CREW LLP

By:

Brenda J. Jolly
Brenda J. Jolly

PATENT
Attorney Docket No.: 015280-259120US
Client Ref. No.: E-002-1996/0

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

PASTAN et al.

Application No.: 09/684,599

Filed: October 5, 2000

For: MESOTHELIN, IMMUNOGENIC
PEPTIDES DERIVED THEREFROM,
AND COMPOSITIONS COMPRISING
MESOTHELIN OR IMMUNOGENIC
PEPTIDES THEREOF

Customer No.: 45115

Confirmation No. 2466

Examiner: Ungar, Susan

Technology Center/Art Unit: 1642

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the telephone interview with Examiner Ungar, please enter the
following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this
paper.

Remarks/Arguments begin on page 6 of this paper.